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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **506050** **(4)**

1. Corporation Name

WATSON, FOLDS, STEADHAM, TOVKACH, WALKER & MARST ON, P.A.

Principal Place of Business	Mailing Address
527 EAST UNIVERSITY AVENUE P.O. BOX 1070 GAINESVILLE FL 32602	527 EAST UNIVERSITY AVENUE P.O. BOX 1070 GAINESVILLE FL 32602

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-1674625 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WATSON, WILLIAM B. III
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	WATSON, WILLIAM B III		1.2 NAME	WATSON, WILLIAM B. III	
STREET ADDRESS	527 E. UNIV AVE		1.3 STREET ADDRESS	527 E. UNIV AVE	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	FOLDS, ALLISON E.		2.2 NAME	FOLDS, ALLISON E.	
STREET ADDRESS	527 E UNIV AVE		2.3 STREET ADDRESS	527 E. UNIV AVE	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	STEADHAM, JOHN .		3.2 NAME	STEADHAM, JOHN	
STREET ADDRESS	527 E. UNIV AVE.		3.3 STREET ADDRESS	527 E. UNIV AVE	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	CHRISTMANN, THOMAS G.		4.2 NAME	WALKER, S. SCOTT	
STREET ADDRESS	527 E. UNIV AVE		4.3 STREET ADDRESS	527 E. UNIV AVE	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	STD	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	BRASHEAR, BILLY BRUCE		5.2 NAME	MARSTON, W. WESLEY	
STREET ADDRESS	527 E. UNIV AVE		5.3 STREET ADDRESS	527 E. UNIV AVE	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	☐ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	TOVKACH, WALTER M.		6.2 NAME	TOVKACH, WALTER M.	
STREET ADDRESS	527 E. UNIV AVE		6.3 STREET ADDRESS	527 E. UNIV AVE	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ John M. Steadham 4/18/96 352-372-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President